**Better Bike Share Partnership**

**Living Lab Program**

**Letter of Interest**

Please note: The Lead Organization is the partner responsible for receiving and disbursing grant funds, and for providing project updates and the final report. The Lead Organization must be a 501(c)3 non-profit organization or a government entity.

**Administrative Information**

Name of Project:

Legal Name of Lead Organization:

Address:

City:

State

Zipcode:

Website:

Contact Person:

Title:

Direct Phone:

E-Mail Address:

­­­­­­­­­­Type of Organization (501(c)3, government, etc.):

State and Year of Incorporation:

Federal Employer Identification Number (EIN):

City population:

Congressional Representative(s) and District(s): Please list all Representatives whose districts will be affected by the shared micromobility system

BBSP understands that your thinking about this project may be in early stages. We do not request a project budget at this time, but would like an estimate of the total budget cost, what you could secure from other sources, and how much you might request of BBSP. We know these number may change in your full application.

Amount Requested from BBSP (estimated):

Anticipated Funding from Other Sources (estimated):

Total Project Budget (estimated):

Total Organization Budget:

Please provide the following information for every shared mobility device currently operating on your city’s streets. If one company is operating two or more types of device, please list them separately.

* Operator name
* Mobility type
* Number of devices currently operating
* Number of devices planned to be in operation in one year
* Equity program available?
* How long has this device been available in your city?

Please include community-based organizations, city or county agencies/departments, or other existing or potential partners *separate from* mobility operators.

Partner Organization Name:

Address (street, city, state, zip):

Website:

Type of Organization:

Contact name and title:

Direct Phone:

Email Address:

Partner Organization Name:

Address (street, city, state, zip):

Website:

Type of Organization:

Contact name and title:

Direct Phone:

Email Address:

Partner Organization Name:

Address (street, city, state, zip):

Website:

Type of Organization:

Contact name and title:

Direct Phone:

Email Address:

**Narrative Information**

Please provide the following information in narrative form, maintaining the headings for each section. Please limit the narrative to **four pages or less.**

Mission and History: Summarize your organization’s mission and history. Pay particular attention to how you are involved in your local shared micromobility program or in community outreach and engagement.

Living Lab Description: Briefly describe the barrier you will address, your work to address it to date, and why your community and/or partnership is well-suited to do a deep dive into this issue or barrier. What would additional financial support help you achieve? What lessons would you hope to share with others in the field after three years?

Equity Efforts: Briefly describe your efforts to address diversity, equity and inclusion in your organization and/or partnership and in your work.

Project Budget:Briefly describe your proposed budget for this project, including cash and in-kind match amounts and potential or confirmed sources of funding.

**Important Instructions**: Please submit this Letter of Interest via email as a .pdf or Word document. Please title the document with the name of your organization and LOI (example: Middleville LOI).

Submit the Letter of Interest, and any questions or concerns, to:

Zoe Kircos

PeopleForBikes Foundation

[zoe@peopleforbikes.org](mailto:zoe@peopleforbikes.org)

303.449.4893 **x106**